

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **70 803075**

FILING DATE **3/19/04**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		3				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		2				
17		2				
18		1				
19		1				
20		1				
21		2				
22		1				
23		1				
24		1				
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50						
TOTAL IND.	42					
TOTAL DEP.						
TOTAL CLAIMS	42					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						